

September 2007

<http://msrc.pixeleffect.com/>

## 3<sup>rd</sup> Annual Fall Symposium

<REGISTRATION FORM INCLUDED ON PAGE 2 BELOW>

The 3<sup>rd</sup> Annual MSRC Fall Symposium will be held Nov. 1-2, 2007 at the University Plaza Hotel and Convention Center in Springfield, MO. This unique CEU opportunity is designed to meet the needs of RT's who work in specialty sections of care (although everyone is encouraged to attend). There will be 4 program tracks: a PFT, a Polysomnography, and a Neonatal/Pediatric, and a Critical Care. There will be 12 CEU's available for each section (sections run concurrently). The cost is a very reasonable \$160 which includes lunch on both days and vendor hall admission. For more information please contact: Diane Oldfather at (573) 458-0160 or by email: [doldfather@rolla.k12.mo.us](mailto:doldfather@rolla.k12.mo.us).

This is just one more way that the MSRC is working to meet the needs of all of the Respiratory Therapists of Missouri!

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### Hotel Information:

University Plaza Hotel & Convention Center  
333 John Q Hammons Parkway  
Springfield, MO  
417-864-7333

### Room Rates

King Room \$88.00

Two Double Beds \$88.00

King Suite \$113.00

A block of rooms will be held until Oct. 1, 2007. Please mention that you will be attending the MSRC Conference when reserving your room.

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RESPIRATORY  
SYMPOSIUM



**District 4:** District IV met on July 24th at Chappell's Restaurant and Sport's Museum. Odyssey Health Care sponsored the meeting. Jeff Lehane presented the CEU program on The Role of the Respiratory Therapist in Hospice Care.

September 29th is the American Lung Association's Clean Air Challenge 5K Run/Walk at Loose Park. We are hoping to have a large Respiratory Therapist turn out. Registration is at 8:00am.

The District IV Seminar is being planned for March 7, 2008. More information will be coming soon.

Our next meeting will be September 25th at Chappell's. Robin Dickerson, from Bemis, will be speaking on Monitoring the Ventilator Patient. 1.0 hrs of CEU has been applied for from the MBRC. The November meeting will be November 27th. Dr. Gary Salzman will be speaking on the new asthma guidelines that were just published by the NHLBI.

District IV wishes a GREAT Respiratory Therapy Week to everyone!!

**District 5:** Tentative D-5 meeting dates are Oct 25, 2007; Jan 24, 2008; and Mar 27, 2008 with times and location to be announced...watch for flyers to come out.

## MSRC Professional Education Scholarship

This year's MSRC Professional Education Scholarship application period has begun and runs through April 1, 2008.

Purpose: To further the educational opportunities for the working respiratory care practitioner. Scholarship awards may be used for any educational program offered to the respiratory care practitioner including:

- Accredited CRCE's
- Educational Seminars

--Advanced degrees such as RRT, B.S., M.S., PhD.

--Credentialing in specialty areas such as NPS, CPFT, RPFT, and RPGST.

Eligibility: In order to be eligible for the scholarship, the applicant must be a working credentialed respiratory care practitioner licensed in the state of Missouri; in good standing at the applicant's place of employment; and an active member of MSRC / AARC

Submission: MSRC welcomes original abstracts related to the science and technology of respiratory care. An abstract may report on:

- An original study
- The evaluation of a method, device, or protocol
- A case study

Award: The recipient will receive \$1,000. Only one award will be presented. Awards will be presented at the MSRC State Meeting in Spring 2008.

For more detailed information, contact MSRC Scholarship Chairperson:

Dana Evans, BSRT, RRT-NPS, AE-C  
605 Lewis Hall  
Columbia, MO 65211  
evansda@health.missouri.edu

## RT Student Study Abroad

Eight respiratory care students and one faculty member from the Respiratory Care Program of Missouri Southern State University traveled to the British Virgin Islands for a health study abroad program. The group learned about the cultural, medical, and social aspects of the British Virgin Islands. They toured Peebles Hospital on the island of Tortola and were guests of the Ministry of Health during a cultural evening. During their trip, the primary duties of the respiratory care majors were to perform patient assessments and asthma education at the Road Town Clinic. The students also visited three primary schools on the island and provided asthma education to fifth

graders. The group also found time with their instructor, Glenda Pippin, to enjoy the beauty of the islands by going sailing, and visiting the salt baths at Virgin Gorda.

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The students pictured are Peggy Self, Crystal Piepenbrink, Maddie Smith, Kim Manning, Moose Leighton, Charity Ezell, Charolett Johnson, and Betty Ellis.

## RC Week 2007



With Respiratory Care Week or RC Week, just around the corner (Oct. 21–27, 2007); it seems fitting to revisit its history and significance.

Although it had already been an annual local and regional event throughout the country for several years, National Respiratory Therapy Week truly became an official national event in 1982 when executives and officers of the American Association for Respiratory Therapy (AART) visited the White House.

In 1986, AART became the American Association for Respiratory Care (AARC) and RT Week became National Respiratory Care Week—now better known as RC Week. Since then, the national event in honor of respiratory care professionals has steadily grown to reach all 50 states in the U.S. and beyond.

And in 2003, lung health awareness was escalated even further with the establishment of Lung Health Day, celebrated during Respiratory Care Week. Today, RC Week and Lung Health Day are delivering the message to medical professionals and consumers around the world.

Source: <http://www.aarc.org/rcweek/>. Accessed September 16, 2007.

# Professionalism

by Lee Clinton

When I hear RT's referred to as "techs," or see job postings for RT's posted under the "Technical" instead of "Professional" category, it annoys me. After all, I think of Respiratory Care as a profession in which a person needs to use his or her mind, recalling the breadth of education used to attain their credential, to make decisions that directly impact not only the health of the patient, but the functioning of the entire spectrum of healthcare practitioners within the hospital (or other) setting.

After thinking about this a little longer, I began to realize that it's not the credential or license that makes a professional. Our professional license only means that we possessed the minimum amount of competency to pass the licensure exam; the same way a high school diploma only means a person passed the minimum number of courses to graduate....and in either case, passing doesn't necessarily mean comprehension. Therefore, just attaining the designation doesn't mean anything as far as professionalism is concerned. After all, high schools graduate people who can't read every year; and we all know therapists with multiple credentials (CRT, RRT, NPS, RPSG, RPFT, BS, etc.) who act in an unprofessional manner....don't we?

Society doesn't emphasize the importance of professionalism, so people tend to believe that amateur work is normal.<sup>1</sup> The "just-getting-by" amateur attitude has all but become the norm, and many employers accept the less-than-good results that come from just-getting-by. This only compounds the challenge of truly having Respiratory Care undisputedly held in the light of professionalism.

Ultimately it comes down to all of us collectively, and each of us individually. Each of us can essentially make, or break, the way in which Respiratory Care is regarded by others in whole.

Personally.....I want to be considered a professional.

Here is my challenge to each of you; read the following comparisons, if the professional narrative describes you, keep it up, and hold others around you to the same standard. If the amateur narrative describes you then get motivated, don't hold the rest of us back.

*A professional learns every aspect of the job. An amateur skips the learning process whenever possible.*

*A professional carefully discovers what is needed and wanted. An amateur assumes what others need and want.*

*A professional looks, speaks and dresses like a professional. An amateur is sloppy in appearance and speech.*

*A professional keeps his or her work area clean and orderly. An amateur has a messy, confused or dirty work area.*

*A professional is focused and clear-headed. An amateur is confused and distracted.*

*A professional does not let mistakes slide by. An amateur ignores or hides mistakes.*

*A professional jumps into difficult assignments.*

*An amateur tries to get out of difficult work.*

*A professional completes projects as soon as possible. An amateur is surrounded by unfinished work piled on top of unfinished work.*

*A professional remains level-headed and optimistic. An amateur gets upset and assumes the worst.*

*A professional faces up to other people's upsets and problems. An amateur avoids others' problems.*

*A professional uses higher emotional tones: Enthusiasm, cheerfulness, interest, contentment.*

*An amateur uses lower emotional tones: anger, hostility, resentment, fear, victim.*

*A professional persists until the objective is achieved. An amateur gives up at the first opportunity.*

*A professional produces more than expected. An amateur produces just enough to get by.*

*A professional produces a high-quality product or service. An amateur produces a medium-to-low quality product or service.*

*A professional earns high pay. An amateur earns low pay and feels it's unfair.*

*A professional has a promising future. An amateur has an uncertain future.<sup>1</sup>*

The first step to making yourself and the profession of Respiratory Care “professional” is to decide that you ARE a professional and to live up to those standards. You CAN do it!

References:

1. *Are You A Professional?* Tips for Success.Org. <http://www.tipsforsuccess.org/professionalism.htm>. Accessed September 16, 2007.

## The 53rd AARC International Respiratory Congress



The 53<sup>rd</sup> Annual AARC International Respiratory Congress is scheduled for December 1-4, 2007 in Orlando, FL.

With expert speakers discussing today's hottest issues and the largest respiratory care exhibit hall in the world, there is something for everyone. In four focused days, you'll experience education, innovation, peer-to-peer networking and the latest technology all geared specifically for respiratory care professionals—plus a variety of onsite activities and resources such as the Sputum Bowl competition, AARC Store, 5K, Welcome Party, and much more.

Extend your professional knowledge and earn all the CRCEs you need for licensing in one 4-day event. Hear more than 250 programs in every

area of respiratory care presented by 170+ leaders in the field. You can maximize your travel investment with the pre-Congress Asthma Educator Preparation Course. Whatever options you choose, you'll find the highest quality education the profession has to offer.

Register online at [www.aarc.org](http://www.aarc.org)

Discounted registration rates are available until October 31, 2007.

Source: [http://www.aarc.org/education/meetings/congress\\_07/index.cfm](http://www.aarc.org/education/meetings/congress_07/index.cfm)

Accessed: September 16, 2007.

## Filtered Cigarettes Blamed for Huge Rise in Type of Lung Cancer

The introduction of filtered and low-tar cigarettes in the 1950s coincided with a steady rise in the incidence of a once-rare type of lung cancer that's now the most common form of the disease, a new study finds.

Decades ago, squamous cell carcinoma was the most common form of lung cancer. But between 1950 and 2007, adenocarcinoma became the most frequently diagnosed lung malignancy, as the market share of filtered cigarettes soared from just 1 percent to almost 100 percent, the study authors said.

Described as a "correlation of evidence," the apparent link was uncovered by study author Dr. Gary M. Strauss, medical director of the lung cancer program at Tufts-New England Medical Center in Boston. He presented the findings Wednesday at the 12th World Conference on Lung Cancer, in Seoul, South Korea.

Strauss and his colleagues suggest that the impact of filtered cigarettes on adenocarcinoma rates is due to the introduction of filter vents in filtered cigarettes, making it easier to draw in smoke. These vents allow smokers to take bigger and deeper puffs, thereby inhaling carcinogens further into the bronchial passages and lungs.

"The rise of adenocarcinoma is consistent with changes in cigarette design and composition -- which the cigarette industry indicated were safer -- that they introduced in response to mounting evidence that smoking causes other forms of lung cancer," Strauss said.

"And so the point is that the tobacco industry, through how they changed the cigarette over time and deceived the public for decades about its safety, has created an epidemic," he added.

Philip Morris USA's media affairs manager, David Sutton, said he could not comment on the findings. "We cannot comment on a study we have not had a chance to review. Smoking is addictive and causes serious diseases. There is no such thing as a safe cigarette," he said.

Source: Alan Mozes, *HealthDay Reporter*. September 6, 2007  
<http://healthday.com/Article.asp?AID=607994>

## Looking for CRCE's????

Check out the MSRC webpage under the "Meetings/ CRCE Opportunities" tab.

The AARC also has 3 programs that provide 9.0 CEU's available at NO COST for AARC members. For additional information, go to:  
[http://aarc.org/headlines/free\\_crce/](http://aarc.org/headlines/free_crce/)

Passy-Muir offers 5.0 free CEU's online regarding tracheostomy education. Go to the URL address below for access:

<http://www.passy-muir.com/ceu/>

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## MSRC Information/Concern Contacts:

The Director-at-Large positions of the MSRC are the positions elected to represent the members of the Society at the Board of Directors meetings. If you have any issues or concerns you would like the MSRC to address, please

bring them to the attention of the Directors-at-Large. They are:

**Tony Mengwasser**  
 Jefferson Memorial  
 Crystal City, MO  
 636-933-1629

E-mail: [tmengwasser@jeffersonmemorial.org](mailto:tmengwasser@jeffersonmemorial.org)

&

**Ron Kiplinger**  
 Saint Francis Medical Center  
 Cape Girardeau, MO  
 573-331-3000

E-mail: [rkiplinger@sfmtc.net](mailto:rkiplinger@sfmtc.net)

## Missouri Board for Respiratory Care Contact:

If you have any questions about CEU's or your professional license, direct those questions to the Missouri Board for Respiratory Care (MBRC). Phone is 573-522-5865, Fax: 573-526-3489, email: [rcp@pr.mo.gov](mailto:rcp@pr.mo.gov)

## Need to Change Your Address?

Need to change your address with the MSRC or for the MSRC Chronicle?? Because your membership in the MSRC is included in your AARC membership, the MSRC gets it membership contact information and mailing address information from the AARC. So if you need to change your address with the MSRC, you simply update your address with the AARC. Here's how:

- Go to [www.aarc.org](http://www.aarc.org)
- Click on "update records" at the top of the page
- Enter your login information
- Click "update contact info" and change your address.
- That's it! You're done.

The AARC will then forward that information on to the MSRC.

**For more Information on the  
MSRChronicle please contact:**

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Email: Lee\_Clinton@hotmail.com

Check out our website at  
<http://msrc.pixeleffect.com/>

